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THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

DEVELOPMENT OF STATE SERVICES FOR CRIPPLED CHILDREN UNDER THE SOCIAL SECURITY ACT, Fiscal Year 1938

BY ROBERT C. HOOD, DIRECTOR,
CRIPPLED CHILDREN'S DIVISION, CHILDREN'S BUREAU

The development of a broader philosophy and a wider diversity of services was evidenced during the year in State plans for crippled children's programs under the Social Security Act. Most of the States took steps to improve the quality of medical care and to provide the necessary auxiliary service to make medical care effective. Although great emphasis was placed on the prevention of crippling conditions, there is need of continuing effort to bring children under care at an earlier stage, to keep them under continuous treatment as long as necessary, and to make more readily available the essential aftercare services.

State Personnel

With increased recognition by the States of the importance of strengthening the administrative staff there has come a consequent improvement in personnel, either through adding technically qualified persons to the staff or through giving further training to those already employed. The strengthening of the administrative staff is a natural corollary to the growing understanding that this is a service program, and that the professional services of the State staff are as essential to the care of the crippled child as are surgical and hospital care.

Increased recognition was given to the necessity for medical direction of the program in order to safeguard the quality of medical care. In 1938 the services in 29 States were directed by a physician, on either a full-time or a part-time basis, compared with 23 States that had a physician as full-time or part-time director for the fiscal year 1937. In addition, physicians acted as full-time or part-time assistant directors in 7 States.

Training programs for State personnel were provided for in approved State budgets as follows: Public-health and orthopedic-nursing training in 24 States; medical social work training in 5 States; and physical-therapy training in 2 States. Postgraduate courses for local physicians in the

early recognition, treatment, and prevention of crippling conditions were provided for in 7 States.

Location of Crippled Children

More effective methods for locating crippled children in a systematic manner were put into operation by State agencies during the year through the use of epidemiological reports and birth certificates.



The 1938 State plans indicated that considerable progress had been made toward securing and utilizing birth-registration information. The plans of 4 States showed that the reporting of visible congenital defects to the official State agency was provided for by law, the attendant being required to make such report within 30 days of the date of the birth. Hawaii reported that registration of congenital deformity was required, and 2 States reported that notation was provided for on the birth certificate, in one of these at the request of the State agency.

In 13 additional States the State agency was working toward the requirement by law, or by State

health-department regulation, of the registration or the reporting of congenital deformity.

The use of epidemiological reports in locating crippled children at present centers chiefly around the problem of providing prompt care for children with infantile paralysis. The 1938 plans of 14 States mentioned utilizing epidemiological reports to locate infantile-paralysis cases: Two of these specified infantile paralysis with resultant crippling; 3 others mentioned also tuberculosis as specifically reportable to the official State agency. Seventeen additional State plans showed that epidemiological reports were already in use or would be used; three of these included the statement that reports were received regularly by the official State agency.

Eligibility

States gradually raised age limits in their eligibility requirements until crippled children up to 21 years of age were accepted for care by the State agencies in 41 States. One of these States gave preference to children under 18 years of age. For the remaining 10 State agencies the upper age limit was 18 years in four States; 17 in one; 16 in three; 15 in one; one State had no plan in operation.

There was evidence of a tendency to broaden requirements for economic eligibility so that children from families with a borderline income could be accepted for care. Many States developed the practice of making an estimate of the length and cost of a child's treatment, so that determination of a family's ability to pay for care might be made on the basis of full medical and social information.

A majority of the States required residence in the State for eligibility to service for crippled children, but many of the official agencies manifested an interest in working out reciprocal relationships with other States for the care of children who did not have legal residence in the State in which they were living. Much more needs to be done, however, along this line.

Definite progress was noted in making more liberal the requirements for eligibility for diagnostic service in order to bring under care every crippled child in need of treatment.

There was an indication in some States that court-commitment procedures were being followed in a less rigid manner than had been the case previously, but there is still need for much improvement in the manner of handling cases through the process of court commitment.

Diagnostic Clinics

Diagnostic-clinic services have been greatly extended during the fiscal year 1938. The general trend appears to be toward the establishment of permanent clinics on a regular schedule to replace the occasional itinerant clinics.



The clinics were better arranged than formerly and included, in addition to the service of orthopedic surgeons, the services of medical consultants for special services and general physical examinations; medical social workers for review and consultation on social problems; physical-therapy technicians for muscle examinations and instruction of parents; and State and local public-health nurses and child-welfare workers to provide for nursing and welfare services in connection with aftercare.

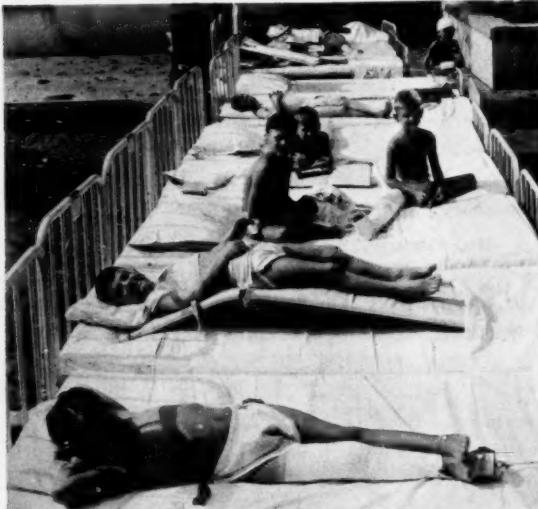
More attention was given to group case discussions by the various members of the clinic staff in order to arrive at a plan that would work toward the best interests of the child. The number of children that an orthopedic surgeon is

expected to examine in a clinic session was materially reduced so that more time was available for discussing with the parents the child's condition and needs.

Although there was improvement in locating cases and in arranging for diagnosis, many remote areas remain to be reached, and much more needs to be done to cover the States in a more uniform manner.

Hospital Care

State plans showed that 546 hospitals were approved by State agencies for the fiscal year 1938 for the care of crippled children. Descriptions of the standards being established by State agencies for the approval of hospitals indicated



that 25 States used approval by the American College of Surgeons as the basis for acceptance of a hospital. Registration by the American Medical Association and membership in the American Hospital Association were also considered in deciding whether a hospital should be accepted, as were the standards for hospitals recommended by the Advisory Committee on Services for Crippled Children, appointed by the Secretary of Labor. Because of the development of the crippled children's program, hospital staffs were increased and strengthened and needed equipment was provided.

With few exceptions the trend toward decentralization of hospital services continued, and children were thus hospitalized nearer their own homes. An increasing number of States have adopted

the plan of paying for hospital care on a flat per-diem basis. The rates in some cases include all services except surgeons' fees and appliances and are based on the cost of ward care. In the fiscal year 1938, 22 States arranged for payments to hospitals on the basis of a flat per-diem rate.

The procedures used by State agencies in the authorization of hospitalization and in the issuance of instructions to be carried out on discharge were further clarified, so that local health and welfare workers are better informed as to the aftercare necessary for good results.

Convalescent and Foster-Home Care

The use of convalescent and foster homes in providing aftercare services for crippled children has become an increasingly important factor, especially in achieving desirable results in cases requiring prolonged care and in adjusting the child to the transition from the hospital to his own home. In a great number of the homes used increasing attention was given to providing medical, nursing, physical-therapy, and social services.

Study was given by State agencies and by the Children's Bureau staff to more definite standards for the approval of convalescent and foster homes by health and welfare agencies.

Aftercare Services

Most of the States made special efforts to solve the difficult problem of extending satisfactory aftercare services to crippled children in rural areas. There was a growing awareness of the value and importance of meeting the needs of the child in his own home and in his own community if much of the benefit derived from medical and hospital care is not to be lost. Many States improved their procedures for informing parents and local personnel regarding the child's condition at time of discharge from the hospital or convalescent home and regarding his needs after he returns to his own home. Increasing responsibility for direct services to the child at home was placed upon local health and welfare units, working under the advice of representatives of the State agency. Progress was noted in many States in reporting to local physicians the results of treatment and in recommending desirable aftercare services.

Better procedures were worked out for relating phases of treatment to plans for the education and rehabilitation of crippled children. In a number of States provision had been made for special teachers through projects of the Works Progress Administration. Though greater emphasis

was placed on the rehabilitation of crippled children, it was evident in field visits that the service obtainable was unsatisfactory in many States, sometimes because of insufficient personnel and sometimes because of lack of persons technically qualified to render the specialized service.

MATERNAL AND CHILD-HEALTH SERVICES

Ed. Note.--The following article, reprinted from the *Journal of the Connecticut State Medical Society*, September 1938, is an account of the obstetrical consulting service developed by the Connecticut Department of Health in cooperation with the United States Children's Bureau under the maternal and child-health provisions of the Social Security Act.

CONNECTICUT OBSTETRICAL CONSULTING SERVICE

By JOSEPH H. HOWARD, M.D.,
CHAIRMAN, PUBLIC-HEALTH COMMITTEE

There has been a gradual awakening of both professional and lay groups to the need of providing more adequate medical and nursing care for women during their maternal period. . . .

In comparing Connecticut with the other States of this country, it is noted that the maternal death rate in Connecticut indicates a good record. For the calendar year 1935 the rate was 43 per 10,000 living births as compared with 58 for the United States as a whole; and for the year 1936 the rate was 41 as compared with 57 per 10,000 living births for the United States as a whole. However, it is hoped that an even lower death rate may be made in the future.

With this end in view, in June 1937, the public-health committee of the State Medical Society recommended that some provision be made for giving more adequate obstetrical care to women living in rural areas who fall in the income group just above the relief level. The committee was aware that certain definite limitations would have to be designated if the aim of this program were to be carried out.

It has long been recognized that the very poor, or relief cases, can secure medical care through town aid and hospital ward service when

necessary, while, on the other hand, those in the economic group who can pay a small amount toward their medical care are financially unable to meet any unexpected expenses but are not eligible for welfare services. It is for this limited group of cases who are able to pay for the everyday expenses of living and who are perhaps even able to save something toward the cost of confinement, that provision is being made for obstetrical consultations when the physician feels that it is necessary.

Furthermore, people who live outside of urban centers often have difficulty in securing medical aid, especially if they are within this limited financial range. The welfare facilities available in cities and towns having a population of more than 30,000 are usually sufficient to serve their residents regardless of the individual family income of those residents. At any rate, a resident of the city has a much better chance of securing medical aid in an emergency than does one who lives in the country. In keeping with this thought, the Social Security Act, title V, part 1, states that funds shall be used for people living in rural areas or in areas suffering from severe economic distress.

In order to initiate a program which would provide obstetrical consultation for women living in rural areas, and who come within the limited financial income group, an effort was made to secure money through the State Department of Health from social-security funds, for an obstetrical consultation program. Funds have been secured for this work for the year July 1, 1938, to June 30, 1939, and if the program produces the expected results, it is likely that funds will be continued for this purpose.

The problem of securing the help of qualified obstetricians was approached by consulting the Connecticut members of the American Board of Obstetrics and Gynecology and by consulting other physicians known to have had special training or extensive experience in obstetrics. The names of this latter group were secured through the county medical associations and through physicians acquainted with their work. Each obstetrician gave a record of his training and experience and only those were appointed who were recommended by the obstetrical subcommittee of the public-health committee. As additional names are suggested and approved they will be invited to act as consultants.

The services of these physicians are available as obstetrical consultants for those maternity patients who are not cared for by any other agency and who are unable to pay for a consultation when the attending physician feels that it is necessary. Any physician who is caring for such a maternity patient living in a town with a population

or less than 30,000 may request a consultation at any period of the pregnancy or the puerperium. A \$10 fee is available for the obstetrical consultant. This fee is a nominal one, but for the sake of improving care for maternity cases the consulting physicians have agreed to give this service.

According to the latest figures available (1939) 44 towns [in Connecticut] have a population of less than 30,000 and are therefore on the eligible list.

The purpose of this program is to make it possible for physicians to obtain skilled obstetrical consultation for abnormal or borderline cases who otherwise would not be able to secure this type of care. Medical ethics and customary professional practice serve as the basis for this program and are to be adhered to at all times. A physician requesting consultation will regard the consultant in the same light as he would regard a consultant for any of his other patients.

NORTH CAROLINA DENTAL-HEALTH EXHIBIT



First prize for dental health education exhibits at the annual session of the American Dental Association, St. Louis, Mo., October 24-28, 1938, was awarded to this exhibit, belonging to the Division of Oral Hygiene, North Carolina State Board of Health. The exhibit is a model of a school room. The teacher and pupils, gayly dressed, are seated at tiny wooden desks. The pointer arm of the dentist moves up and down, drawing the eye to the exhibit.

THE OPERATION OF CHILD-WELFARE SERVICES AT THE LOCAL LEVEL OF GOVERNMENT¹

BY NORRIS E. CLASS, DIRECTOR,
DIVISION OF CHILD-WELFARE SERVICES, STATE RELIEF COMMITTEE OF OREGON

Case Work Defined

The operation of child-welfare services at the local level of government involves a fourfold activity. First and primary is the task of defining by practice what is meant and what is not meant by "case work." The program of child-welfare services is not restricted to the development of a particular type of service—for example, foster-home care. Rather, it is concerned in rural areas with the general improvement of case-work service for the treatment of all dependency situations where children are involved and, it should be added, where the cause may be social as well as economic, where service is indicated as well as relief. The approach is definitely generic, and, being in no way committed to the furtherance of any one type of service, it has an increased responsibility for demonstrating the total case-work process as it may operate in the various fields of social work.

After a period of almost 10 years of the depression, after the spending of billions of dollars, the fact remains that the public generally, and the clientele specifically, have not gained a clear conception of what is really meant by the term "case work." To be sure, many have been subjected to proper or improper determination of financial need, and I suspect to many this is the alpha and omega of case work. Some have experienced certain management of their affairs, such as being moved from one place to another, taken or directed to a dispensary without much regard to interpreting the reason. And to these I suspect case work is a matter of beneficial or tyrannical manipulation, as they may have been affected. But such conception is not one which must ultimately prevail. And child-welfare services at the local level can and should be a factor in bringing about a more correct interpretation.

This can be realized, however, only by the qualitative performance of case-work service upon a continuing everyday basis, and in a variety of dependency situations. Only through this approach can the wider and fuller significance of the case-work process be sensed. The community will not grasp the benefits of greater individualization of each dependency situation simply by being told that it should be done this way. The community will grasp the benefits only when they observe them in actuality, and child-welfare services at the local level of government must assist in making possible this demonstration, if a lasting program is to be formulated.

It should be added, however, that such a demonstration of case-work service will be achieved only with considerable resistance. It will be achieved only with competent personnel who have had the advantage of knowing the accumulated experience of the past in respect to meeting dependency problems as they come to individuals and the community. Likewise, it will be achieved only by limiting the case load. Case work never becomes a quantitative proposition; it always remains a qualitative process so far as the individual practitioner and individual client are concerned. To demonstrate it otherwise is to demonstrate it wrongly. With qualified personnel and the opportunity to make a qualitative approach, communities are in a position to evaluate accurately the contribution that case work might make in attempting to cope with some of the perplexing problems that are before them today. Without both requirements being present, communities cannot make this evaluation fairly, and the whole program at the local level becomes pointless and simply repetitious of a pattern from which escape is sought.

Reevaluation of Existing Community Resources

Second is the need of reevaluating and, perhaps, refining the existing or potentially existing community resources which are used in

¹Paper given at the National Conference of Social Work, Seattle, June 30, 1938.

coping with dependency problems. This reevaluation or refinement may have to take place sometimes at the cost of postponing new or additional services, even though at the moment these resources seem almost imperative for a well-rounded program. This is necessary for several reasons. Sufficient qualified personnel may not be available to staff the new service unless the personnel structure of an existing agency is shaken, perhaps destroyed. Social work has seen too much of that already. There is the additional practical problem of financing. Too immediate or rapid expansion of new programs may not only be sheer extravagance, if later it be determined that they were not warranted, but it may also serve as a disruptive force for established and equally essential services in other fields, such as health and education. Whether we like to face it or not, in any given community at a given time only a certain amount of public funds can be directed to meeting a certain community need beyond an emergency level. One can argue that a different form of taxation, a different economic system, or a different social order might change the picture. It might—and then again, it might not. But, granting the system which most local workers must grant who apply their case-work practices as public servants, a real economic limitation does exist, and not to accept it as a reality is as fallacious as not to recognize the presence of individual differences among human personalities.

The matter, however, goes deeper than the immediate availability of personnel and public finance. Does the worker have a right to ask, except perhaps on an emergency basis, that the community develop or expand a program before the problem of completely determining the limits of the existing community resources has been worked through?

The present program of aid to dependent children in relation to foster-home care is a case at point. Do we really know the amount and nature of foster-home services that will be needed until we have made a concerted effort to find out just how aid to dependent children is going to work? We do not know at this time and we shall not know until we define by systematic study and evaluation what we mean by aid-to-dependent-children supervision.

It has taken, for example, practically 2 years for even a meager amount of professional literature to appear relative to supervision of elderly

persons under old-age assistance and to date, I believe, practically nothing has appeared in respect to supervision of aid to dependent children, except that it should be "good." Now, until we have sensed what the limits are under which aid to dependent children must operate; what the age restriction means in terms of planning for adolescents, especially for their vocational needs, at the very time that the grant, by law, must be discontinued; what the effect is of a grave emotional traumatic experience (such as death, desertion, physical incapacity), which must invariably be present in these cases; and how all these fit into a composite picture of what we may expect to find in aid-to-dependent-children cases, we are probably just talking words when we say that the supervision should be "good." And I suspect that the same is true of the Civilian Conservation Corps, the National Youth Administration, the school, and many other resources which are uniformly present and which we tend to forget sometimes when we say that "no services are available in the community." In fact, it would be my guess that only in reevaluation and refinement of existing resources, shall we find a safe guide to what is really needed in addition to the resources already present. The very process of focusing intently upon the immediate area naturally lights the surrounding territory into which we may move later.

Community Interpretation

Third is community interpretation. The formal aspect of interpretation or community education should undoubtedly be delegated to the division of child-welfare services at the State level, which in turn would look to such Federal agencies as the Children's Bureau for guidance. The worker, however, in her daily contacts in the community cannot escape participation in such activity, even though she wills otherwise. For this reason the local worker must know the important facts as they affect youth and children generally throughout the country and, in particular, as they relate to rural sections. It becomes a matter of having a working knowledge of the findings of sound research and statistical investigation that justified the establishment of such programs as child-welfare services, maternal and child-health services, and those in related fields.

Unless these fundamental facts are acquired, a great deal of the community interpretation may be sheer waste—actually "mis-education." After all, it quickly resolves itself into a very practical problem: The situation which the local worker presents to the county court for official action, to the advisory committee for discussion and consideration, to the newspaper for publicity is either typical of a fundamental problem or trend, or it is not. It is necessary to grant that local problems must be considered as well as those Nation-wide in scope. But to present knowingly or unknowingly only the local problems continually or, worse yet, to present local problems which are but a manifestation of a national problem and not to identify them as such is to deprive the community of a wider perspective which it has the right of knowing. It is to deprive the community of a knowledge of the larger problems which may require collective support and without which no national approach can be long or permanently sustained.

Interpretation of Rural Values

Fourth is that the local workers in these rural sections must assume part of the responsibility of fashioning a philosophy that seeks to preserve and perpetuate all that is best in the rural scene. Perhaps I am wrong, at least I hope so, but in our rush to bring adequate service to needy individuals in rural areas, there seems to me to have emerged a certain missionary spirit which contained an assumption that urban values are a little more superior, more worth while. A portion of the literature dealing with rural social work, considerable in extent although not in significance, presented only the extremely pathologic aspect and, it might be added ironically, often that which certainly would not lend itself to a social-work process of reconstruction, whether it was found in the country or in the city. Some writers stressed only the possibility of doing the spectacular: Riding 10 or 20 miles to call on an

elderly client; rushing a sick parent 100 miles to the nearest hospital. Others commented upon the loneliness of the country, made mention of a reactionary or ultraconservative attitude which, incidentally, I believe, is a highly questionable assumption.

I am not proposing that these negative aspects should not be dealt with. What concerns me, however, is the lack of a generous affirmation of the positive values that are an intrinsic part of the rural scene. Along with the negative, should there not also have been a more adequate calling of attention to the freedom from the exacting and regimenting interdependency of the city, which tends to enslave at least the minds of men who were supposedly born to freedom? And more emphasis as to the possibility of a greater expression of the total personality in the rural scene? Maybe a little more attention might well have been given to the writings of such students of rural life as Herbert Agar and others who contend that there is a vast difference in terms of social and spiritual values between the process of "making a living," which they insist characterizes, or at least might characterize, the country, and that of "making money," by which they would define the city.

Now, unless the local worker in rural areas senses these and other positive values and perhaps ultimately prizes them as real values for herself as well as for her client and community, no permanent and worth-while approach can be made to rural social work. Schools of social work, perhaps, can give techniques that apply wherever human relationships are found; staff-development programs can help with certain essential information; but, I believe, from the workers who recognize the best that the rural scene holds must come, at least in part, the expression, written as well as spoken, that can be incorporated into a valid philosophy upon which is predicated a genuinely constructive welfare service for rural sections.

NEWS NOTES

Statement on personnel standards available

The General Advisory Committee on Maternal and Child-Welfare Services, appointed by the Secretary of Labor to advise the Children's Bureau with reference to the administration of title V, parts 1, 2, and 3, of the Social Security Act, in its session June 2, 1938, in reviewing progress made and future needs, decided to make available to interested organizations information regarding standards of professional service developed for use in the State and local programs for maternal and child-health services, crippled children's services, and child-welfare services carried on in cooperation with the Federal Government. It was the opinion of the committee that such a statement should be used as a basis for study, discussion, and appropriate action by organizations and groups interested in seeing that the highest quality of service was given in every community benefitting from the cooperative State and Federal programs being carried on.

A statement summarizing the recommendations made by various advisory groups for the guidance of officials in selecting workers under the three social-security programs for maternal and child-welfare services was drawn up by a subcommittee and received the approval of the General Advisory Committee on Maternal and Child-Welfare Services. Copies of this statement, "Standards for Personnel Employed in Maternal and Child-Health Services, Services for Crippled Children, and Child-Welfare Services," are available from the Children's Bureau (Washington, 1938; 4 pp., processed).

* * * * *

Northeastern regional conference

A regional conference of directors of divisions of maternal and child health and public-health nursing and medical and public health nursing consultants in maternal and child health in nine States of the northeastern area was held in Providence, R.I., November 16 and 17, 1938.

At the medical sessions the subjects considered were the establishment and maintenance of

adequate standards of medical services—in prenatal and child-health conferences, by private physicians, in hospitals, and by consultant specialists; methods of carrying on postgraduate medical education; and the function of advisory committees.

At the public health nursing sessions the following subjects were discussed: The integration of public health nursing services for mothers and children with the general community public health nursing service; the participation of public health nursing consultants in the supervision and in-service education of general public-health nurses; classes, nursing conferences, and other group methods of teaching to supplement individual public health nursing services in the home; and policies and procedures in the administration of delivery nursing service in rural areas.

Two joint sessions were held at which were considered questions involved in the development of local health services for mothers and children and in the provision of continuous, complete maternal care, medical and nursing, in local communities.

The papers presented included a great deal of material having more than regional value and interest, and it is planned to publish a few of these in subsequent issues of *The Child*.

* * * * *

Massachusetts hospital centers for premature infants

Organization of hospital centers for premature infants in Massachusetts has now been completed, according to information received from Florence L. McKay, M.D., Assistant Director, Division of Child Hygiene (October 21, 1938), and the total number is 48. Dr. McKay further states, in correction of the item that appeared in *The Child*, September 1938 (p. 57):

Incubators are not provided for the transportation of premature infants, either by law or otherwise. The hospital centers have supplied themselves with carrying oaskets heated by hot-water bottles. Several public health nursing organizations have supplied themselves with a similar basket or a box. These are available to anyone in the community who needs them. Except for instruction as to the making, they are not supplied by our Department.

MATERNAL, INFANT, AND CHILD HEALTH

STUDY OF PREMATURELY BORN INFANTS, NEW YORK HOSPITAL

Studies of prematurely born infants in the Children's Clinic of the New York Hospital will be made during the coming year by the Division of Research in Child Development of the United States Children's Bureau in cooperation with the Pediatric Department of New York Hospital, Cornell University. The studies of the metabolism of prematurely born infants, in which the Children's Bureau has cooperated during the past year, will be continued. In addition, a special follow-up clinic for premature infants has been established in the Children's Out-Patient Department of the New York Hospital.

The care of premature infants, both in the hospital and in the home, will be demonstrated. The program will include not only medical and nursing aspects but also socioeconomic aspects of the problem.

Hedwig Koenig, M.D., has been appointed by the Children's Bureau as pediatrician in charge of this follow-up clinic. Dr. Koenig is a graduate of Johns Hopkins Medical School, was formerly executive resident of the Hospital for Women and Children in San Francisco, and, while there, had charge of the reorganization of the out-patient department. She has been in practice of pediatrics in New York City for several years and has served on the pediatric staff of the New York Hospital.

Evelyn H. Schoen has been appointed by the Children's Bureau as the public health nursing consultant. Miss Schoen is a graduate nurse with postgraduate training in obstetrics and a midwifery certificate. She was for 3 years assistant to the supervisor of nurses in the rural program of the New York State Department of Health.

She has also been a supervisory public-health nurse in Hawaii.

Dorothy Buckner has been appointed by the Children's Bureau as medical social worker in the clinic. Miss Buckner was formerly medical social work consultant for the Services for Crippled Children of the Bureau of Health of the State of Maine.

Miss Schoen and Miss Buckner will assist the pediatrician in the activities of the clinic and will correlate the work of the special follow-up clinic for premature infants with those of the nursing and social-welfare organizations of the city in improving the home care of prematurely born infants.

It is planned to develop later a clinical research program in the hospital unit for premature infants in addition to the metabolic studies being made under the direction of Professor S.Z. Levine by Dr. Harry Gordon, a member of the Children's Bureau staff.

The causes of premature birth will also be investigated. The educational aspects of the problem will be given special consideration so that information in regard to the best methods of care of these infants will be afforded not only to physicians, medical students, nurses, and social workers, but also to the mothers of the infants before they leave the hospital and in their own homes.

This program will include studies of the facilities for care of premature infants now available in the city of New York, undertaken at the request of the New York City Pediatric and Obstetric Committee appointed by the commissioner of health to consider problems relating to premature births.

STUDY OF THE PELVES OF ADOLESCENT CHILDREN

The Yale University School of Medicine and the Children's Bureau of the United States Department of Labor are cooperating in a study of the pelvis of adolescent children.

The children to be studied were the subjects of a previous investigation undertaken by the Children's Bureau in New Haven, Conn., during the period 1923-26. This study was made to show

whether rickets could be prevented in children in a community by the intensive use of cod-liver oil and sunlight.¹ It was possible to follow a series of 326 infants with more or less regularity for a period of 15 months or longer. The infants were usually examined and started on cod-liver oil and sun baths during the first month of life. A control series included a group of infants, most of whom were born during the period of the demonstration, who had not received cod-liver oil or sun baths. In 1931-32 a study was made of the teeth of some of these children.²

The purpose of the present investigation is to make a roentgenographic study of the pelvis of these children to determine the effect of rickets

¹Elliot, Martha M., M.D.: Control of Rickets; preliminary discussion of the demonstration in New Haven. Reprinted from *Journal of American Medical Association*, vol. 85 (Aug. 29, 1925) pp. 656-661.

²Elliot, Martha M., M.D., Susan P. Souther, M.D., Bert G. Anderson, D.D.S., and Sunter S. Arnim, D.D.S.: A Study of the Teeth of a Group of School Children Previously Examined for Rickets. Reprinted from *American Journal of Diseases of Children*, vol. 48 (October 1934), pp. 713-729.

on the shape and size of the pelvis; that is, to compare the findings in the children who developed roentgenographic evidences of rickets under 15 months of age with the findings in the group who showed no roentgenographic evidence of rickets during the same age period.

All the children will receive the following examinations:

1. A physical examination.
2. Certain anthropometric measures and a record of certain secondary sex characteristics.
3. Roentgen pelvimetry according to three well-established techniques--those of Thoms, of Caldwell and Maloy, and of Hodges.
4. A dental examination.

A member of the Roentgenologic Department of the New Haven Hospital will supervise the making of the roentgenograms according to the prescribed techniques.

The joint medical-school committee and the Children's Bureau representative will be responsible for the conduct of the study and for the preparation of a report, which will be a joint publication of the Yale Medical School and the United States Children's Bureau.

SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT Biennial Meeting, November 11-13, 1938

The biennial meeting of the Society for Research in Child Development was held at the University of Chicago, November 11-13, 1938. The following subjects were considered: The general relations between the physical organism and behavior; the influence of the group upon behavior; the modifiability of growth; and the contribution of the study of the abnormal to an understanding

of the normal. Round-table discussions were conducted on the relation of physical growth to various aspects of child development, on the diagnosis of dental caries, on physiological measurements of growth and development, and on the relation of physical factors and organic disease to the performance and behavior of the child with especial reference to the syndrome of fatigue.



BOOK AND PERIODICAL NOTES
(Maternal, Infant, and Child Health)

BABIES ARE HUMAN BEINGS, by C. Anderson Aldrich, M.D., and Mary M. Aldrich. Macmillan Co., New York. 1938. 128 pp. \$1.75.

Dr. Aldrich and Mrs. Aldrich in this small volume have challenged some of the most popular current principles in child care. They contend that rigid schedules and inflexible discipline frequently tend to thwart the emotional life of an infant. They stress the need for a "deep-seated recognition of the importance of individual differences, differences which make it impractical to adhere entirely to any one plan of management, no matter how well founded, in our dealings with children."

The Aldriches urge, not an abandonment of all plans and schedules, but merely an adaptation of any given plan to meet the needs of a special child. Many a young and conscientious mother, schooled in the principles of rigid discipline, is afraid to pick up and rock a distressed child or to feed him out of schedule when he is obviously hungry. The Aldriches say that the fault lies in the fact that the schedule fails to fit the rhythm of the child. A baby who is comfortable and happy, other things being equal, is more likely to develop into a willing, cooperative, and self-dependent child than one whose natural desires are thwarted and whose behavior is forced to conform to a pattern it does not fit.

NEW TECHNICAL EFFORTS TOWARDS A BETTER NUTRITION. League of Nations Questions 7. Distributed in the United States by Columbia University Press, New York. 1938. 35 pp. 15 cents.

This pamphlet from the Information Section of the League of Nations summarizes the activities in behalf of better nutrition on the part of numerous subdivisions of the League and of other international organizations. Beginning with the first study of the Health Committee in Japan 10 years ago, the report outlines the work of the Mixed Committee of Experts on the Problem of Nutrition and of the individual organizations represented on the Mixed Committee. There is a brief account of

the activities of the Committee of Health Experts of the Health Organization (League of Nations), the International Labor Office, the International Commission of Agriculture, the Advisory Committee on Social Questions (League of Nations), and of national nutrition committees. The last of the four chapters deals with the final report, *The Relation of Nutrition to Health, Agriculture, and Economic Policy*, which was reviewed in *The Child* for November 1937.

NUTRITION IN PREGNANCY, by Agnes Fay Morgan, Ph.D. *Public Health Nursing*, vol. 30, no. 10 (October 1938), pp. 576-583.

The food requirements of the pregnant woman are discussed in terms of calorie need, protein need, mineral elements, and vitamins. A number of references are given.

THE SPECIFIC PREVENTION OF DIPHTHERIA; further observations and inquiries, by J.G. Fitzgerald, D.T. Fraser, N.E. McKinnon, and M.A. Ross. *Bulletin of New York Academy of Medicine*, 2 East One Hundred and Third St., New York, vol. 14, no. 9 (September 1938), pp. 566-581.

The history of diphtheria control in Canada through various methods of immunization is given. It is pointed out that prior to the use of toxoid, in spite of the free distribution of antitoxin for prevention as well as treatment, recorded diphtheria morbidity persisted at high levels, and the mortality rate, though falling, still presented one of the most important public-health problems in Canada. Evidence is presented to show that striking declines in diphtheria morbidity and mortality followed the wide use of toxoid. The reduction in incidence of diphtheria among Toronto school children who were given three doses of toxoid averaged 90 percent over a period of 5 years. The incidence of carriers was also reduced following the use of toxoid in various cities and provinces of Canada.

The Children's Bureau does not distribute the publications to which reference is made in **THE CHILD** except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

CHILD LABOR

GRACE ABBOTT ON CHILD LABOR

"Apprenticeship and Child Labor,"¹ the first volume of a 2-volume study of The Child and the State, dealing with the American conception of how the State may protect and further the development of its children, has just been published.

Volume 1, after an introductory survey of the legal status of the child in the family, which is fundamental to an understanding of the public services that have been developed by the State as *parens patriae*, covers the child-labor movement in this country and traces the story back to the earliest experiments in State control of this evil in Great Britain.

This work is primarily a documentary source-book for the student of social service, which will help him to understand and evaluate the developments in the child-labor field and will throw light upon present conditions and problems. It brings together and interprets factual material essential for the education of leaders in the development of new and more effective safeguards for children in the years to come. Comprehensive introductory notes by the author precede each of the main sections and form a connected commentary on selected documents that reflect the contemporary social attitudes of the period under consideration.

Miss Abbott points out that the child-labor movement has in every country supplied the shock troops in the struggle for decent working conditions, that the victories won in the early child-labor laws have paved the way for general regulation of factory conditions and demonstrated the necessity for a factory-inspection system. She shows also that child-labor laws were a pioneering

effort to insure to children a national minimum standard and a recognition that large numbers of parents were unable--and a few unwilling--to give their children the protection which under the common law was their duty.

Because the earliest experiments in State control of the evils of child labor were made in Great Britain, where the industrial revolution first took place, and were used as the basis of experience in this country, the author first deals with apprenticeship and child labor in Great Britain. She continues with the story of apprenticeship in the United States, from the early systems of indenture to the growth of a modern system of apprentice training; the history of child labor in the United States, including State legislation and its administration; Federal regulation of child labor and the child-labor amendment; the special problems of rural child labor and industrial accidents to illegally employed minors; and international child-labor legislation.

The illustrative documents selected include reports of official and unofficial investigations; important statutes which have greatly improved the legal protection of children; statutes which proved to be only detours instead of progress toward the goal; interpretations given the laws by courts, by attorneys-general, and by administrative rulings; and new methods of treating old problems suggested from time to time by outstanding leaders in the child-welfare field.

The selection and arrangement of significant documents from many widely separated sources difficult of access, with the interpretive comments by the author, make this a valuable reference book for all workers in the child-labor field. For the general reader it serves as an illumination of present child-labor problems and conditions and a graphic history of the development of State

¹Abbott, Grace: *The Child and the State*. Volume 1, Apprenticeship and Child Labor. Social-Service Series, University of Chicago Press, Chicago, 1938. 679 pp. \$3. (For set of two volumes, \$5.) Volume 2, to be reviewed in an early issue of *The Child*, covers the relation of the State to the special problems of child dependency and child delinquency.

responsibility for insuring certain minimum standards to all children. The bibliography, table of cases, and index add to its usefulness.

The author was Chief of the Children's Bureau of the United States Department of Labor from 1921 to 1934 and was head of the Child-Labor Divi-

sion of the Bureau in 1917 and 1918 when the first Federal Child-Labor Law was in operation. Since 1934 she has been professor of public-welfare administration in the School of Social Service of the University of Chicago.

E.A.M.

NEWS AND READING NOTES

International Association of Governmental Labor Officials

ton, S.C., September 8-10, Beatrice McConnell, Director of the Industrial Division, United States Children's Bureau, presented the report of the Committee on Child Labor, of which she was chairman.

The Association adopted resolutions reaffirming its position with regard to the vital importance of ratification of the pending child-labor amendment and urging that every effort be made to secure ratification in those States that have not yet taken affirmative action. Resolutions were also passed advocating the extension of State industrial-accident and disease reporting systems; the amendment of State child-labor laws to bring the State standards for the productive industries into harmony with those of the Fair Labor Standards Act and to extend these standards to intra-state occupations not covered by the Fair Labor Standards Act; and cooperation of the State labor departments with the Children's Bureau in the administration of the child-labor provisions of the act.

Child-labor Regulations Nos. 3-6 issued

Temporary Regulations Nos. 3 and 3-A,¹ issued by the Children's Bureau in its administration of the child-labor provisions of the Fair Labor Standards Act of 1938, relate to employment of minors between 14 and 16 years of age. These regulations are effective only until January 23, 1939, and are issued pending the assembling of more complete information as to the employment of minors under 16. The employment of minors between 14 and

¹*Federal Register*, vol. 3, no. 207 (Oct. 22, 1938), p. 2532; no. 216 (Nov. 4, 1938), p. 2627.

16 years of age in all occupations (except manufacturing or mining occupations, the operation of motor vehicles or service as helpers on such vehicles, and messenger service) at periods and under conditions specified in the regulation will not be deemed to constitute oppressive child labor. Employment must be confined to the following periods: Outside school hours; not more than 3 hours on any school day; not more than 8 hours on any other day. All State laws and regulations, local ordinances, and child-labor regulations issued by the Chief of the Children's Bureau must be complied with.

Regulations Nos. 4 and 6 designate additional States in which State age, employment, or working certificates shall have the same force and effect as Federal certificates. This designation is effective for the period of 6 months from October 24, 1938. The States designated in Regulation No. 4² are California, Florida, Georgia, Virginia, and the District of Columbia; in Regulation No. 6,³ Kansas and Nevada. Thirty-one States were previously designated in Regulation No. 2 (*The Child*, October 1938, p. 93).

Regulation No. 5⁴ sets up the procedure to be followed in determining hazardous occupations under section 3 (1) of the Fair Labor Standards Act of 1938. This procedure includes studies, conferences with employers and workers, public hearings to obtain evidence, and reports of facts and conclusions. It is provided that public hearings shall be held on proposed findings and orders, and that every finding and order shall be published in the *Federal Register*. Hearings to consider revision of orders may be held upon petition.

²*Federal Register*, vol. 3, no. 207 (Oct. 22, 1938), p. 2533.

³*Federal Register*, vol. 3, no. 216 (Nov. 4, 1938), p. 2627.

⁴*Federal Register*, vol. 3, no. 217 (Nov. 5, 1938), p. 2640.

Publications available from State National Youth Administrations

Revisions released in 1938 are available of a number of the vocational information studies prepared by a group of workers in the Works Progress Administration Education Program of the Chicago Board of Education under the direction of the National Youth Administration Division of Guidance, Placement, and Apprenticeship. The revised studies, which can be obtained from the National Youth Administration of Illinois, include the following:

Machinists' Occupations (No. 2, May 19, 1938; 32 pp.).
 Farming (No. 3, Mar. 1, 1938; 49 pp.).
 Meat Packing (No. 6, Mar. 11, 1938; 32 pp.).
 Radio Industry (No. 8, Mar. 29, 1938; 30 pp.).
 Store Occupations (No. 9, Jan. 21, 1938; 42 pp.).
 Air Transportation (No. 12, June 15, 1938; 36 pp.).
 Candy Making (No. 17, Apr. 30, 1938; 23 pp.).
 Nursing (No. 18, Apr. 27, 1938; 23 pp.).
 Air Conditioning (No. 20, Jan. 31, 1938; 28 pp.).
 Millinery (No. 21, July 2, 1938; 25 pp.).
 Furniture Industry (No. 22, Apr. 10, 1938; 38 pp.).
 Hotel Occupations (No. 24, May 25, 1938; 26 pp.).
 Radio Broadcasting (No. 26, May 28, 1938; 38 pp.).
 Insurance (No. 27, Apr. 1, 1938; 42 pp.).
 Electrical Appliances (No. 29, May 21, 1938; 30 pp.).

In addition, 1937 revisions of the following studies in the same series are available:

Clerical Workers (No. 14, Sept. 1, 1937; 33 pp.).
 Laundry Occupations (No. 4, Mar. 9, 1937; 24 pp.).
 Diesel Engineering (No. 10, May 21, 1937; 39 pp.).

Most of the Chicago studies are arranged in five parts: Introduction; occupations and qualifications; working conditions; employment possibilities; and bibliography. The mimeographing and

binding were done by young persons in part-time National Youth Administration employment.

From the National Youth Administration of West Virginia has been received Ceramics: Vocational and Avocational (Glenn S. Callaghan, State Director, Charleston, 1937; 41 pp., mimeographed). This presents a plan for the development of industrial-art courses in ceramics for elementary schools and for junior and senior high schools, and describes the employment possibilities of the industry.

The Lumber Industry of Washington, by William Ray Melton, has been issued as Industrial Study No. 1 by the National Youth Administration of Washington (Tacoma, 160 pp., mimeographed, undated). The introduction deals with the general historical and economic background of the industry. One chapter describes the functional organization of the industry by divisions; another, occupations, qualifications for employment, and working conditions. The future of the industry is also discussed. Bibliography and glossary are included. Part-time National Youth Administration workers assisted in the illustrating and in the mimeographing of this volume.

Report of labor legislation

The Division of Labor Standards of the United States Department of Labor has issued as Bulletin No. 19, Digest of State and Federal Labor Legislation Enacted July 1, 1937, to July 1, 1938 (Washington, 1938; 25 pp.).

The laws are summarized by States. The subjects covered include apprenticeship; child labor; hours of work; industrial home work; minimum wage; safety, health, and sanitation; and workmen's compensation.



FIFTH NATIONAL CONFERENCE ON LABOR LEGISLATION

The Fifth National Conference on Labor Legislation called by the Secretary of Labor met in Washington, D. C., November 14-16, 1938. The Conference was opened by the Assistant Secretary of Labor with an address on the subject: Progress in Labor-Law Administration and Immediate Problems Facing Administrators. State representatives reported on programs for coming legislative sessions and needs of State labor departments.

Reports were heard from standing committees on wages and hours, industrial homework, child labor, wage payment and wage collection, and extension of labor-law protection to all workers; and from conference committees on prevention and compensation of industrial accidents and diseases,

apprenticeship, relations between organized labor and labor-law administrators, strengthening State labor departments, and cooperation of Federal and State labor departments.

On the evening of November 15 an informal dinner was held at the Mayflower Hotel, with the Secretary of Labor as chairman and the Secretary Agriculture as guest speaker.

The third and closing day of the Conference was devoted to a consideration of plans for State cooperation in the administration of the Fair Labor Standards Act. The discussion was led by Elmer F. Andrews, Administrator of the Wage and Hour Division, and Katharine F. Lenroot, Chief of the Children's Bureau.

BOOK AND PERIODICAL NOTES
(Child Labor)

INSPECTION MANUAL. Division of Labor Standards (U. S. Department of Labor) Bulletin No. 20, Washington, 1938. 169 pp.

Suggested procedure for the enforcement of laws on safety and health, hours, minimum wage, child labor, industrial home work, wage payment, and wage collection is contained in this loose-leaf bulletin for the use of State labor departments.

The material was prepared in accordance with the request of the Second National Conference on Labor Legislation.

YOUTH IN THE WORLD OF TODAY, by Maxwell S. Stewart. Public-Affairs Pamphlet, No. 22. Public Affairs Committee, 8 West Fortieth St., New York. 1938. 40 pp. 10 cents.

This pamphlet was prepared in cooperation with the staff of the American Youth Commission of the American Council on Education by the Public Affairs Committee, of which Robert P. Lane is chairman, and Lyman Bryson, vice chairman.

Under the headings Youth in School, Youth at Work, Youth at Play, Youth in Action, and so forth,

it summarizes in popular form some of the findings of recent studies, chiefly the Maryland study of the American Youth Commission, the survey of unemployed youth made by the Welfare Council of New York City, and the report of the Advisory Committee on Education.

A NEW DEAL FOR YOUTH, by Betty Lindley and Ernest K. Lindley. Viking Press, New York. 1938. 309 pp. \$3.

Material for this account of the activities of the National Youth Administration was obtained through a survey made during the first 4 months of 1938, supplemented by data from the files of the organization. In the foreword Charles W. Taussig, Chairman of the National Advisory Committee of the National Youth Administration, discusses the "youth problem" which was pressing for solution in 1935, when the Administration was set up, and the difficulties with which the pioneer experiment was confronted. The authors have given a factual and noncritical summary of accomplishments, containing photographs, numerous case stories, and more than 70 pages of statistics.

SOCIALLY HANDICAPPED CHILDREN

PATERNITY LAWS

In a recently completed analysis of State laws relating to the establishment of paternity and support of a child born out of wedlock¹ the Children's Bureau found that a large number of these laws were not adapted to changing attitudes toward illegitimate birth and present social conditions or to the socialized procedures used by the courts in all situations involving family relations and the welfare of children.

Paternity laws are a direct outgrowth of the bastardy laws enacted during the eighteenth and nineteenth centuries, the purpose of which was to obtain from the father of a child born out of wedlock reimbursement of public expenditures for the child's care. The laws of many States have been completely revised so that the primary motive underlying the initiation of action in the court is to safeguard the welfare of the child and to obtain support for him from his father. Yet in about half of the laws the child is still referred to as a bastard and in even a larger number a public department may initiate action if the child becomes a public charge.

One of the significant developments in paternity legislation is the gradual increase in the number of States that have placed jurisdiction of paternity cases in juvenile or domestic-relations courts, rather than in courts having general jurisdiction in criminal and civil cases. This plan has definite values, since it increases the possibility of use of socialized procedures. Unfortunately the procedures outlined in most paternity laws place definite restrictions on the use of chancery procedures, although such procedures may be used in other adult cases in these newer courts.

The establishment of the paternity of a child may be accomplished in two ways: (1) Through a legal record of the acknowledged facts of the child's parentage, or (2) through court action in which the putative father is the defendant and on

proper proof shown may be adjudged the father of the child. The basic philosophy underlying most paternity laws is that paternity always must be proved. This is clearly shown by the terminology used in the laws and by such preliminary procedures as arrest on warrant, preliminary hearing in a minor court, and requirement of bond or detention in jail for appearance at trial. In contrast to this philosophy is the experience of courts and social agencies, which has shown that many men if approached in an understanding and helpful way will acknowledge paternity.

Paternity legislation should be adapted to these two situations and should be so drafted that action can be initiated on a petition to acknowledge paternity as well as on complaint or the mother of the child. Authority for the court to issue a summons, a warrant of arrest, or other processes in order to secure attendance of the putative father should be given when action is initiated on complaint, as this will eliminate the necessity of a preliminary hearing in a minor court.

Other provisions found in some of the present paternity laws that should be given consideration by persons interested in drafting such legislation are: (1) Exclusion of the public from all hearings; (2) continuing jurisdiction of the court with authority to change and modify the order for support when this is deemed desirable; (3) provision for holding the adjudged father liable to pay the judgment even if he has served a jail sentence for failure to fulfill conditions imposed by the court; (4) authority for the court to place the adjudged father on probation as a means of enforcing the support order and to require a bond with surety only when this is considered desirable; and (5) provision for assuring that funds will be used for support of the child by requirement that all payments be made through a public-welfare agency or through the court, whether such payments are made through settlement or after court hearing, in a lump sum or in installments at periods designated by the court.

¹Paternity Laws; analysis and tabular summary of State laws relating to paternity and support of children born out of wedlock in effect January 1, 1938. U. S. Childrens Bureau, Chart No. 16, Washington, 1938. 83 pp.

NEWS AND READING NOTES

Council on Interstate Migration

The formation has been announced of a new organization, the Council on Interstate Migration, which will concern itself with problems arising from migration within the United States. The executive committee, headed by Dr. Ellen C. Potter, has been incorporated under the laws of New York State and selections for membership are now being made.

The council will continue and expand the work done by the Committee on Care of Transient and Homeless during the past 6 years and will seek to obtain greater participation in its activities by other agencies and groups, National, State, and local.

The objects of the council are as follows:

1. To encourage the study of social problems arising from and connected with migration within the United States.
2. To serve as a clearing house for information among National, State, and local agencies, groups, and individuals interested in such problems.
3. To facilitate joint planning and conference among governmental and nongovernmental groups concerned with such problems.
4. To make such studies as may be necessary to carry out these purposes.

(Statement of Council on Interstate Migration, Room 1807, RKO Building, New York.)

Foster-home care for children with special needs

"Foster-Home Care for Handicapped Children," by Elizabeth E. Bissell is an account of the program of the Children's Mission to Children, Boston, (Bulletin, Child Welfare League of America, vol. 17, no. 7 (September 1938), pp. 1-2, 6-7). This agency deals with perhaps 500 children in a year, and uses foster-home care for about half of them. About 50 percent of the children receiving foster-home care are suffering from heart difficulties or are rheumatic-fever patients, many of them bed patients. Other conditions cared for are orthopedic, post-operative conditions, tuberculosis contacts, anemia, malnutrition, and asthma.

"Family Care and Training of Mentally Deficient Children Under the Supervision of the

Children's Home of Cincinnati, Ohio," by Myra W. Kuenzel, appears in the October 1938 issue of the *Children's Home Record*, published by the Children's Home (909 Plum St., Cincinnati, pp. 5-11). It states that a recent survey disclosed that more than 100 of the children supervised by the Children's Home are mentally deficient; white children outnumbered the colored three to one. Except for the cases (one-third of the white and one-fifth of the colored) who were so low-grade, crippled, unstable, or delinquent that institutional care was considered advisable, the mentally deficient children were almost all living in private homes. Special instruction is given the foster mothers about the training of subnormal children in social attitudes and various suitable types of work.

Statistics of special schools and classes for exceptional children

The United States Office of Education has issued as a separate bulletin, "chapter VI of volume II of the Biennial Survey of Education in the United States: 1934-36, "Statistics of Special Schools and Classes for Exceptional Children" (Bulletin, 1937, No. 2, Washington, 1938; 179 pp.).

The general summary states that only two groups for which data were reported failed to show an increase in special class enrollment since 1934: These are the socially maladjusted children and the gifted children.

With reference to the former, emphasis has shifted to the child-guidance clinic as the medium of treatment to such a marked extent that it is not surprising to find a material decrease in provisions made through special day schools and classes. The education of gifted children has always constituted a subject for debate, with a rather definite difference of opinion as to the effect of membership in a special class upon their social adjustment.

Increases were shown in the number of children enrolled in special schools and classes for the following groups: Blind and partially seeing children, deaf and hard-of-hearing children, mentally deficient children, delicate children (anemic, tuberculous, and cardiac cases), crippled children, and speech-defective children.

BOOK AND PERIODICAL NOTES
(Socially Handicapped Children)

RESEARCH STUDIES FROM THE PSYCHOLOGICAL CLINIC OF THE CHILDREN'S AID SOCIETY OF BUFFALO AND ERIE COUNTY, by Clara Harrison Town, Buffalo. 1938, Processed. 39 pp. 25 cents.

This pamphlet, presenting two studies from case records in the files of the Buffalo clinic, may be obtained from the Children's Aid Society, 70 West Chippewa Street, Buffalo, N. Y. Study I, "The intelligence quotient: Is it a constant value?" was based on results of intelligence tests made at varying intervals on each of 844 persons. This study demonstrates that an intelligence quotient found at one period of a child's life will not necessarily persist in later years.

Study II, "A comparative study of United States white, United States Negro, Polish, and Italian groups," covered 1,673 persons grouped according to the system used by the United States census. This report gives data on mental deficiency, behavior problems, and illegitimacy. It shows a significant overlapping of the mentally deficient and behavior-problem groups, which the author attributes to the failure of the community to provide occupation for the mentally deficient who are not in institutions.

A HISTORICAL SUMMARY OF STATE SERVICES FOR CHILDREN IN MASSACHUSETTS. Children's Bureau Publication No. 239 (part 4), Washington, 1938. 50 pp.

Like the studies of State services for children in Ohio, New York, and Alabama, which comprise parts 1, 2, and 3 of this report, the purpose of the Massachusetts study is to portray for students of public-welfare administration the development of State welfare administration, especially in its relation to services for children.

The Massachusetts report begins with the establishment of State schools for delinquent boys in 1847 and for delinquent girls in 1854, and ends with 1934, when a field visit was made to Massachusetts by members of the Children's Bureau staff. Changes that have occurred in organization and services since 1935 are not included in this historical account.

SOCIAL CASE RECORDING, by Gordon Hamilton. Second edition. Columbia University Press, New York. 1938. 219 pp.

In preparing the second edition of this book, the author has clarified the terminology relating to the main recording form, has made several corrections in the text, and has added new illustrations of periodic summaries, treatment evaluations, and group "process." Chapter IX, Recording in Public Assistance, has been rewritten to conform more closely to conditions in public-assistance agencies, and a glossary of recording terms has been appended.

AN EXPERIMENT IN DETENTION CARE. Reported by Marjorie S. Wallace. *Eightieth Foundation Forum*, August 1938, pp. 11-33. (Buffalo Foundation, 361 Delaware Ave., Buffalo, N.Y.).

For 6 years the Children's Court of Erie County has been using foster homes for detention care of children awaiting disposition of their cases. This report shows that in January 1938 three foster homes were being used as receiving homes--one for white boys, one for white girls, and one for Negro children--and 10 homes for detention service. The selection of a group of suitable foster homes for receiving and detention care was a slow process, requiring an experienced home finder. The requirements include location near the court, ownership of the house by the foster parents; and, in the receiving homes, constant availability of the foster parents. Homes where there were children under 16 years of age were not selected.

The detention service in Buffalo is designed primarily for delinquent children, who make up the great majority of children receiving detention care. Defective children brought in as delinquents constitute a problem, as they require constant watching and often have to remain in detention several months before they are transferred to State institutions for the mentally defective. Transient children are usually held in the receiving homes, as separate as possible from local children.

GENERAL CHILD WELFARE

*Annual meeting
of National Society
for the Prevention
of Blindness*

National Society for the Prevention of Blindness, which takes place December 1, 1938, at 4 p.m. at the Russell Sage Foundation Building, New York. Dr. Alger will give an address, "Prevention of Blindness From the Ophthalmologist's Point of View."

A talking slide film on the nurse's responsibility in saving sight will be shown at the meeting.

*Red Cross
publishes
flood-relief
report*

"The Ohio-Mississippi Valley Flood Disaster of 1937" is the title of the report on relief operations of the American Red Cross during the 1937 flood (Washington, 1938, 252 pp.).

The report states that the Ohio-Mississippi Valley flood, which was chronologically disaster number 2,123 in American Red Cross experience, was also the most extensive disaster, from the point of view of amounts expended, in Red Cross history, and that "there is no evidence that we have yet succeeded in preventing or even materially reducing the hazard of major disaster in the United States."

Although the flood occurred in midwinter and although the prevalence of influenza and pneumonia at the time necessitated additional medical and nursing measures, the report states that the

Presentation of the Leslie Dana gold medal to Ellice M. Alger, M.D., will be made at the annual meeting of the

loss of life and incidence of disease resulting from the flood appears to have been surprisingly low. According to the United States Public Health Service, loss of life and incidence of disease among the persons given emergency care were actually less than might have been expected at that time of year normally among the persons involved. Some 790,000 inoculations, chiefly against typhoid and diphtheria, were given, leaving the population better fortified against these diseases than before the flood.

Recreation and study activities especially for children in the tent cities and concentration centers, organized as a Junior Red Cross project, are described. Junior Red Cross members throughout the country contributed not only funds, but toys, games, books, and other items.

Extensive tables are included, giving details of relief expenditures in each of the 12 States most seriously involved in the flood.

*General
Federation
of Women's
Clubs issues
report*

The Official Report of the Second Triennial Convention of the General Federation of Women's Clubs, held May 10-17, 1938, in Kansas City, Mo., has now been issued (G.F.W.C. Headquarters, 1731 N St., NW, Washington, D. C., 1938; 448 pp.).

Addresses on a variety of subjects are included, also a list of the awards presented, and a directory of officers.

OF CURRENT INTEREST

FOREIGN CONFERENCES IN 1939

The Fourth World Congress of Workers for Cripples will convene in London, England, on July 16, 1939, and continue through July 22. This Congress is under the auspices of the International Society for Crippled Children and the Central Council for the Care of Cripples.

Subjects to be considered include preventive orthopedics in childhood; vocational training and subsequent employment of the crippled child, and the industrial cripple. Reservations can be made through Frances Shirley, Chairman, Transportation Committee, 1426 Denniston Ave., Pittsburgh, Pa. (Crippled Child, International Society for Crippled Children, Elyria, Ohio, August 1938.)

The World Federation of Education Associations will hold its eighth biennial conference in Rio de Janeiro in August 1939 at the official invitation of the Brazilian Government. Two cruises are being arranged, sailing from New York about July 1 and taking approximately 57 days; the minimum fare is expected to be about \$500. Everyone interested is asked to write at once to Federation headquarters, 1201 Sixteenth St. NW, Washington, D.C., so that adequate transportation arrangements may be made. (Statement from World Federation of Education Associations.)

The Eighth Pan American Child Congress will be held in Costa Rica, June 26-July 2, 1939.

CONFERENCE CALENDAR

1938		1939
Nov. 30-	Pacific Coast Society of Obstetrics and Gynecology. Los Angeles. Secretary: Dr. T. Floyd Bell, 400 Twenty-ninth St., Oakland, Calif.	Dec. 28-30 American Association for Labor Legislation; American Economic Association; American Farm Economic Association; American Sociological Society; and allied groups. Annual meetings, Detroit.
Dec. 3		
Dec. 9-11	American Public Welfare Association. Third annual round-table conference. Wardman Park Hotel, Washington, D. C.	Dec. 29-30 American Student Health Association. New York. Secretary: Dr. Ruth E. Boynton, Students Health Service, University of Minnesota, Minneapolis.
Dec. 12-14	American Farm Bureau Federation, Associated Women. New Orleans, La.	
Dec. 27-31	American Association for the Advancement of Science—Section on Medical Sciences. Symposium on Mental Health. Richmond, Va.	Jan. 20-21 National Public Housing Conference. Washington, D. C.
Dec. 27-30	American Statistical Association. One-hundredth annual meeting, Detroit. Information: F. F. Stephan, Secretary, 722 Woodward Bldg., Washington, D. C.	Feb. 1 Social Hygiene Day. Sponsored by American Social Hygiene Association, 50 West Fiftieth St., New York.
		Feb. 23-24 Inter-American Bibliographical and Library Association. Second convention, Washington, D. C.

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THE CHILD

MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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